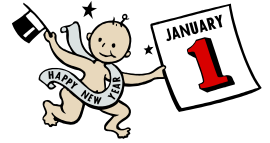




# Happy Holidays!



## Claims Clues

A Publication of the AHCCCS Claims Department

December, 2003

### RxAmerica Revises Formulary for FFS Recipients

**R**xAmerica, the AHCCCS-contracted pharmacy benefits manager, has revised its formulary for fee-for-service (FFS) recipients. The formulary applies exclusively to FFS recipients.

The revisions, which take effect January 1, 2004, are explained on the flyer attached to this issue of *Claims Clues*.

For information regarding FFS pharmacy claims, contracted

providers, or the FFS formulary, contact RxAmerica at (800) 770-8014.

General questions may be directed to the AHCCCS Pharmacy Program Administrator at (602) 417-4726. □

### Amended Rule Clarifies Payments for Pathology Services

**T**he Arizona Administrative Code has been amended to clarify that the AHCCCS Administration will only provide payment for direct services provided by a pathologist.

The rule was amended in response to the Governor's Regulatory Review Council ruling that AHCCCS' payment practice for pathologists constituted a rule. This rule also addressed an October 9, 2002 Maricopa County Superior Court judgment requiring AHCCCS and its contractors to pay for claims for indirect

pathology services from June 1, 1999 until "the agency promulgates a rule barring such coverage, or the agency identifies an existing statute or rule that specifically disallows coverage of such services."

AHCCCS was mandated to place into rule its practice of paying pathologist. The rule, which became effective October 4, 2003, clarified the requirements for reimbursement to providers for direct services.

Amendments to the rule provide:

- As a prerequisite to receiving

payment, a provider must sign a provider agreement with AHCCCS;

- That provider reimbursement is contingent on services provided to a member, furnished personally by a pathologist, the service contributes directly to the diagnosis and treatment, and the service is ordinarily performed by the provider; and
- A listing of pathology services considered direct pathology services.

The specific rule changes occur at R9-22-714 and R9-27-708. □

### Required Fields Identified for ADA 2002 Form

**T**he AHCCCS Administration has identified the required information which must be entered on the ADA 2002 claim form.

The Health Insurance Portability and Accountability Act (HIPAA) requires that dentists bill for

services on the ADA 2002 form.

Dentists who submit paper claims to AHCCCS may begin using the ADA 2002 form effective with claims for dates of service on and after October 1, 2003. Claims for dates of service on and after January 1, 2004 *must*

be billed on the ADA 2002 form. Claims billed on a CMS 1500 claim form for dates of service on and after January 1 will be denied.

The table on Page 2 identifies field that are required and required if applicable. Fields not listed are not required. . □

## Required Fields for ADA 2002 Form

2.	Predetermination/Preauthorization Number Enter the AHCCCS Claim Reference Number (CRN) of the original claim when resubmitting a claim.	Required if applicable
3.	Primary Payer Name, Address	Required if applicable
4.	Other Dental or Medical Coverage?	Required
5.	Subscriber Name	Required if applicable
6.	Date of Birth	Required if applicable
7.	Gender	Required if applicable
8.	Subscriber Identifier	Required if applicable
9.	Plan/Group Number	Required if applicable
10.	Relationship to Primary Subscriber	Required if applicable
11.	Other Carrier Name, Address	Required if applicable
12.	Primary Subscriber Name, Address Enter the recipient's name as printed on the AHCCCS ID card. Enter the recipient's address.	Required
13.	Date of Birth	Required
14.	Gender	Required
15.	Subscriber identifier	Required
23.	Patient ID/Account # This is a number that the provider has assigned to uniquely identify this claim in the provider's records. AHCCCS will report this number on the Remittance Advice to provide a cross-reference between the AHCCCS CRN and the provider's records.	Required if applicable
24.	Procedure date	Required
25.	Area of oral Cavity	Required
26.	Tooth system	Required
27.	Tooth Number(s) or Letter(s)	Required if applicable
28.	Tooth Surface	Required if applicable
29.	Procedure code	Required
30.	Description	Required
31.	Fee	Required
33.	Total Fee	Required
34.	Missing Teeth	Required if applicable
38.	Place of Treatment	Required
43.	Replacement of Prosthesis?	Required
44.	Date Prior Placement	Required if applicable
45.	Treatment Resulting From	Required if applicable
46.	Date of accident	Required if applicable
47.	Auto Accident State	Required if applicable
48.	Billing Dentist/Dental Entity Name, Address	Required
49.	Provider ID (Group) Enter the AHCCCS provider ID of the billing dentist/dental entity	Required if applicable
50.	License Number	Required if applicable
51.	SSN or TIN (Group) Enter the Social Security Number or Tax ID Number of the billing dentist/dental entity	Required
53.	Treating Dentist Signature and Date	Required
54.	Provider ID Enter the AHCCCS provider ID of the treating dentist	Required
55.	License Number	Required

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## **AHCCCS Fee-For-Service Effective January 1, 2004**

Following is important information regarding changes to the AHCCCS Fee-For-Service pharmacy program administered by RxAmerica.

### **FORMULARY ADDITIONS:**

<b>OTC Prilosec</b>	<b>Added as first line PPI therapy option.</b>
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### **FORMULARY DELETIONS/LIMITATIONS:**

<b>Prilosec (Rx) Omeprazole (generic)</b>	<b>Preferred product is OTC Prilosec.</b>
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<b>PhosLo Capsule</b>	<b>Capsule dosage form no longer available. Patients must utilize tablet form.</b>
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<b>Viagra</b>	<b>Limited to 6 tablets per month.</b>
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<b>Triptans</b>	<b>Quantity limits enforced as 2 packages per month.</b>
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<b>Narcotic/acetaminophen combination analgesics</b>	<b>All products limited to a maximum of 4 grams acetaminophen per day.</b>
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### **STEP THERAPY/PRIOR AUTHORIZATION:**

<b>Leukotrine Inhibitors (Singulair and Accolate)</b>	<b>Restricted to Asthma use. Prior authorization required for allergic rhinitis only after trial and failure of standard therapy.</b>
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<b>Renagel</b>	<b>Restricted to use in hemodialysis patients who have increased corrected serum calcium levels with trial and failure of traditional agents for use in hyperphosphatemia.</b>
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<b>Remicade</b>	<b>Restricted for use in RA and severe Crohn's disease after trial of conventional therapies.</b>
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**Proton Pump Inhibitors  
(Nexium, Protonix, Aciphex)**

**Prior Authorization Required. Patient must have tried OTC Prilosec as first line therapy option.**

**Statins**

**Use Lovastatin, Lescol 80mg XL, Lipitor 10mg and Altacor first line. All other Statin products require prior authorization with documented need for increased cholesterol lowering.**

**Antiemetics**

**All 5HT3 antagonists restricted to 6 tablets per Rx based on National Guidelines.**

**Angiotensin Receptor Blockers**

**Prior Authorization Required on all ARBs. Restricted to use in patients who cannot tolerate at least 2 different ACE Inhibitors due to cough.**

**SSRI's**

**Generic agents (Fluoxetine or Paroxetine) are required first line therapy option for new SSRI utilizers. Patients who have currently stabilized on an antidepressant (not Generic) will remain on alternate therapy option.**

**Tretinoin/Retin-A**

**Prior Authorization required for patients over age 24 and restricted for use in acne after other agents have tried and failed.**